City of Miami

Police Department (Sworn Employees Only)

SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT/INJURY

Instructions: This form must be completed by the supervisor and the claims network must be contacted at 1-877-647-4545 within 24 hours of occurrence.

EMPLOYEE INFORMATION

Name of Injured Employee: (include middle initial) | D.O.B. (MM/DD/YYYY):

Title/Division: | IBM No.: | Section: | Unit:

Home Address: | Social Security #:

Telephone: Home: Cellular: Work: | Shift:

Duty Hours: | Date of Employment (MM/DD/YYYY): | Hourly Rate: | Hours per Week:

ACCIDENT/INJURY INFORMATION

Date of Accident/Injury (MM/DD/YYYY): | Time of Accident/Injury: ❑ AM ❑ PM

Date Accident/Injury Reported (if different from above) (MM/DD/YYYY): | Did accident/injury occur at emergency incident? ❑ YES ❑ NO | Safety equipment worn at time of injury? ❑ YES ❑ NO

Previous injuries? ❑ YES ❑ NO | Exact Location of Accident/Injury:

Briefly describe how accident/injury occurred:

Please provide any additional details you feel are pertinent to the accident:

List the names of any witnesses and contact info (if available):

Name: _____ Contact #: _____ Name: _____ Contact #: _____

Name: _____ Contact #: _____ Name: _____ Contact #: _____

(A) Part of Body Injured (If more than one, check all that apply)	(B) Nature of Injury/Illness	(C) Activity Performed at Time of Accident	(D) Sources of Injury/Accident
❑ Abdomen	❑ Abrasion	❑ Annual Physical	❑ Animal/Insect
❑ Ankle(s) (L) (R)	❑ Allergic Reaction	❑ Bending	❑ Assault/Battery
❑ Arm(s) (L) (R)	❑ Amputation	❑ Climbing	❑ Automobile/Boat Accident
❑ Back	❑ Bite	❑ Data Entry	❑ Blood/Body Fluid
❑ Breast(s) (L) (R)	❑ Blunt Trauma	❑ Discharge Weapon	❑ Broken/Faulty Equipment
❑ Buttock(s) (L) (R)	❑ Bruise	❑ Driving	❑ Chemical Agent
❑ Cheek(s)	❑ Bullet Wound	❑ Eating/Drinking	❑ Dust/Debris
❑ Chest	❑ Burn	❑ Entering/Exiting Property	❑ Electrical Equipment
❑ Ear(s) (L) (R)	❑ Chest Pain	❑ Entering/Exiting Vehicle	❑ Environmental (heat, cold, noise, smoke)
❑ Elbow(s) (L) (R)	❑ Choking/Suffocation	❑ Jumping	❑ Excessive Noise
❑ Exposure (multiple body parts)	❑ Contusion	❑ Kneeling	❑ Falling Object
❑ Eye(s) (L) (R)	❑ Dizziness/Nausea	❑ Lifting	❑ Fire Explosion
❑ Finger(s) (LH)(RH)	❑ Drowning/Near Drowning	❑ Medical Evaluation	❑ Firearms/Weapons
❑ Foot/Feet (L) (R)	❑ Electric Shock	❑ Operating Equipment	❑ Food/Beverage/Medicine
❑ Groin (L) (R)	❑ Exposure	❑ Pulling/Pushing	❑ Medical Condition
❑ Hand(s) (L) (R)	❑ Food Poisoning	❑ Reaching	❑ Office Equipment/Furniture/Machines
❑ Head/Neck Area	❑ Foreign Body Eye/Ear	❑ Repetitive Motion	❑ Personal Contact
❑ Heart	❑ Fracture	❑ Responding to Alarm	❑ Sharp/Blunt Instrument
❑ Hip(s) (L) (R)	❑ Gunshot Wound	❑ Restraining Subject	❑ Slippery/Wet Surface
❑ Knee(s) (L) (R)	❑ Head Injury	❑ Riding Bicycle/Horse	❑ Tools
❑ Leg(s) (L) (R)	❑ Hearing Loss	❑ Running	❑ Unforeseen Hazards (uneven sidewalks, broken glass, etc).
❑ Lip(s)	❑ Heart Attack	❑ Sitting	❑ Vegetation
❑ Lung(s) (L) (R)	❑ Hypertension	❑ Sports/Fitness Activity	❑ Weapon
❑ Nose	❑ Illness (unspecified)	❑ Standing	❑ Other (specify):
❑ Shoulder(s) (L) (R)	❑ Laceration/Cut	❑ Training Exercise	List action(s) needed to prevent reoccurrence: _____
❑ Stomach	❑ Pain	❑ Transport	
❑ Toe/Toes	❑ Puncture/Stab Wound	❑ Twisting	
❑ Tooth/Teeth (Upper/Lower)	❑ Slip/Trip/Fall	❑ Walking	
❑ Wrist(s) (L) (R)	❑ Smoke Inhalation	❑ Water Rescue/Recovery	
❑ Other (specify):	❑ Strain/Sprain	❑ Other (specify):	
	❑ Other (specify):		

Did accident/injury require medical attention? ❑ YES ❑ NO If yes, name of facility: _____

First-aid only? ❑ YES ❑ NO Did injury result in lost work/hours? ❑ YES ❑ NO

Was accident reported to network phone number above? ❑ YES ❑ NO If yes, date: _____ Case #: _____

Supervisor Name: (print): _____ Spvs. Sgn.: _____ Tel. #: _____ Date: ____ | ____ | 20____

Employee Name (print): _____ Employee Signature: _____ Date: ____ | ____ | 20____

Departmental Safety Liaison (print): _____ Safety Liaison Signature: _____ Date: ____ | ____ | 20____

Distribution: **White** - Dept. Employee File; **Canary** - Safety Officer (Risk Management); **Pink** - Risk Management.